



\$25 HMO plan
\$25 SaveNet plan
\$45 HMO plan
\$45 SaveNet plan
\$100 Deductible PPO plan

HIGHLIGHTS

Plan overview	02
Pharmacy benefits	08
How to find a provider	09
Programs and services	11
Benefit summaries	13

Go with the
plan that's
right for you





When you go with Blue Shield of California, you're on your way to quality health coverage, large provider networks, and a wide range of programs and services that help provide the most value from your coverage.

This booklet offers the information you need to choose the right health plan for you and your family.

Plan choices

During the 2016 annual enrollment period, City of San Jose is offering the choice of the following Blue Shield health plans:

- \$25 HMO plan
- \$25 SaveNet plan
- \$45 HMO plan
- \$45 SaveNet plan
- \$100 Deductible PPO plan



To make it easier to compare the plans, we've included each plan's benefit summaries in this booklet.



\$25 and \$45 HMO plan

The Access+ HMO[®] plan offers affordable access to care through the providers in the Blue Shield HMO network.

Choosing a Personal Physician

To enroll in the plan for the first time, simply choose a Personal Physician (primary care physician) and medical group for yourself and each enrolled family member. You can choose different physicians and medical groups for each enrolled family member. Your Personal Physician will treat you and your dependents for many medical conditions, perform preventive care services, and coordinate your other health care, including referring you to specialists and hospitals within your Personal Physician's medical group/IPA.

As a new member, let Blue Shield know which Personal Physician you're selecting by providing the Personal Physician's provider and medical group/IPA numbers. To find this information, see page 09. If selecting a Personal Physician you've already seen, please let Blue Shield know that you're an existing patient.

If you don't select a Personal Physician during enrollment, Blue Shield will automatically assign a Personal Physician. To change your Personal Physician, call Blue Shield Member Services.



Have questions? Get answers.

Call the Blue Shield Member Services team at **(800) 872-3941**.

Visit **blueshieldca.com/cityofsanjose** to find providers, review medical benefits, and more.

Download the Blue Shield mobile app for iPhone[®] or Android at **blueshieldca.com/mobile**.

Connect with Team Shield on **Facebook/BlueShieldCA** or **Twitter/TeamShieldBSC** and post a question.

HOW THE PLAN WORKS → You can expect fixed copayments for most services, plus no deductible and virtually no claim forms. The HMO plan may be a good choice and a cost-efficient way to maintain your health if you and your family go to the doctor often.

Plan highlights Here are a few highlights of the services covered by the Access+ HMO plan. For details on copayment amounts and other member share-of-cost, please see the benefit summaries starting on page 13. To find network providers, see page 09.



Preventive care – Provides access to services defined as routine preventive care at no additional charge and without having to pay a copayment or meet the plan's deductible. You can download a list of recommended screenings and immunizations by going to blueshieldca.com/preventive.

Specialty care – Access+ *Specialist*SM makes it easy to self-refer to a specialist within your medical group or IPA for a consultation.* For ongoing care from a specialist, you'll need to get a referral from your Personal Physicians.

Mental health and substance abuse care – Blue Shield's mental health service administrator (MHSA) provider network offers inpatient and outpatient mental health and substance abuse care for issues such as depression, alcohol/drug abuse, mental illness, plus marriage and family counseling.

Urgent care – It's possible to save time and money by going to an urgent care center instead of the emergency room. As an HMO member, always call your doctor's office before visiting an urgent care center. If you receive care at an urgent care center that's not affiliated with your doctor's medical group or IPA, your HMO plan may not cover the services you receive.

Emergency care – You're covered for emergency care around the world regardless of whether or not the provider is in your plan's HMO network.

Chiropractic and acupuncture services – Visit any participating chiropractor or acupuncturist from the American Specialty Health (ASH) Plans network without a referral from your Personal Physician.

Coverage while traveling – Through the BlueCard[®] Program, HMO members can access emergency and urgent care services across the country and around the world. What's more, using urgent care services in the BlueCard Program can be more cost-effective. It may also eliminate the need to pay for the services when rendered and submit a claim for reimbursement. For complete information on covered services while traveling, please see your *Evidence of Coverage and Disclosure* (EOC&D).

Away From Home Care – The Away From Home Care[®] program gives students, long-term travelers, workers on extended out-of-state assignments, and families living apart the convenience and flexibility of coverage for extended periods across the country. To learn more about Away From Home Care and whether your family is eligible, call your Blue Shield Member Services team. Please note that Away From Home Care is not available in all areas and states, and benefits from the host plan may differ from benefits in the Access+ HMO plan.

* To use this option, members must select a Personal Physician who is affiliated with a medical group or IPA that is an Access+ provider group, which offers the Access+ *Specialist* feature. Members should then select a specialist within that medical group or IPA. Access+ *Specialist* visits for mental health services must be provided by an MHSA network participating provider.

\$25 and \$45 SaveNet HMO plan

The SaveNetSM HMO plan offers affordable care and access to the providers in the Blue Shield HMO network.

Enrolling in the plan

To enroll in the SaveNet HMO plan, you and your eligible dependents must enroll in the same plan and live or work within the SaveNet HMO service area.

You will also need to choose a Personal Physician (primary care physician) and medical group from the SaveNet HMO provider network for yourself and each

enrolled family member. Your Personal Physician will treat you and your dependents for many medical conditions, perform preventive care services, and coordinate all of your other health care, including referring specialists and hospitals within the Personal Physician's medical group/IPA.

Choosing a Personal Physician

To enroll in the plan for the first time, simply choose a Personal Physician (primary care physician) and medical group for yourself and each enrolled family member. You can choose different physicians and medical groups for each enrolled family member.

As a new member, let Blue Shield know which Personal Physician you're selecting by providing Blue Shield with the Personal Physician's provider and medical group/

Independent Practice Association (IPA) numbers. To find this information, see page 10. If you are selecting a Personal Physician you have already seen, please let Blue Shield know that you are an existing patient.

If you don't select a Personal Physician during enrollment, Blue Shield will automatically assign a Personal Physician. To change your personal physician, call Blue Shield Member Services.

SaveNet HMO service area

- Contra Costa County, except for ZIP codes: 94525, 94530, 94547, 94564, 94569, 94572, 94801, 94802, 94803, 94804, 94805, 94806, 94807, 94808, 94820, and 94850
- Kern County
- Los Angeles County, except for ZIP codes 93535, 93539, 93584, 93586, and 93591
- Marin County
- Orange County
- Riverside County, except for ZIP codes: 92225, 92226, 92239, 92275, and 92539
- Sacramento County
- San Bernardino County, except for ZIP codes: 92252, 92267, 92277, 92278, 92304, 92309, 92323, 92332, 92338, 92364, 92366, 92398, 93562, and 93592
- San Diego County, except for ZIP codes: 91905, 91906, 91934, 91963, 91980, 91987, 92004, and 92086
- San Francisco County
- San Luis Obispo County
- San Mateo County
- Santa Clara County
- Santa Cruz County
- Sonoma County
- Ventura County
- Yolo County

Have questions? Get answers.

Call the Blue Shield Member Services team at **(800) 872-3941**.

Visit **blueshieldca.com/cityofsanjose** to find providers, review medical benefits, and more.

Download the Blue Shield Mobile app for iPhone® or Android at **blueshieldca.com/mobile**.

Connect with Team Shield on **Facebook/BlueShieldCA** or **Twitter/TeamShieldBSC** and post a question.



HOW THE PLAN WORKS → You can expect fixed copayments for most services, plus no deductible and virtually no claim forms. The HMO plan may be a good choice and a cost-efficient way to maintain your health if you and your family go to the doctor often.

Plan highlights

Here are a few highlights of the services covered by the SaveNet HMO plan. For details on copayment amounts, please see the benefit summaries starting on page 13.

To find network providers, see page 09.



Preventive care – Provides access to services defined as routine preventive care at no additional charge and without having to pay a copayment or meet the plan's deductible. You can download a list of recommended screenings and immunizations by going to **blueshieldca.com/preventive**.

Specialty care – Access+ *Specialist*SM makes it easy to self-refer to a specialist within your medical group or IPA for a consultation.* For ongoing care from a specialist, you'll need to get a referral from your Personal Physicians.

Mental health and substance abuse care – Blue Shield's mental health service administrator (MHSA) provider network offers inpatient and outpatient mental health and substance abuse care for issues such as depression, alcohol/drug abuse, mental illness, plus marriage and family counseling.

Urgent care – It's possible to save time and money by going to an urgent care center instead of the emergency room. As an HMO member, always call your doctor's office before visiting an urgent care center. If you receive care at an urgent care center that's not affiliated with your doctor's medical group or IPA, your HMO plan may not cover the services you receive.

Emergency care – You're covered for emergency care around the world regardless of whether or not the provider is in your plan's HMO network.

Chiropractic services – Visit any participating chiropractor from the American Specialty Health (ASH) Plans network without a referral from your Personal Physician.

Coverage while traveling – Through the BlueCard® Program, HMO members can access emergency and urgent care services across the country and around the world. What's more, using urgent care services in the BlueCard Program can be more cost-effective. It may also eliminate the need to pay for the services when rendered and submit a claim for reimbursement. For complete information on covered services while traveling, please see your *Evidence of Coverage and Disclosure* (EOC&D).

Away From Home Care – The Away From Home Care® program gives students, long-term travelers, workers on extended out-of-state assignments, and families living apart the convenience and flexibility of coverage for extended periods across the country. To learn more about Away From Home Care and whether your family is eligible, call your Blue Shield Member Services team. Please note that Away From Home Care is not available in all areas and states, and benefits from the host plan may differ from benefits in the Access+ HMO SaveNet plan.

* To use this option, members must select a Personal Physician who is affiliated with a medical group or IPA that is an Access+ provider group, which offers the Access+ *Specialist* feature. Members should then select a specialist within that medical group or IPA. Access+ *Specialist* visits for mental health services must be provided by an MHSA network participating provider.

\$100 Deductible PPO plan

By enrolling in the \$100 Deductible PPO plan, you can receive care from any of the physicians and hospitals within the plan's network, as well as outside of the network for covered services.

If maintaining a relationship with your current doctor is important to you, then the PPO plan may be a good choice since the plan lets you continue seeing your current doctor for most covered services, even if

your doctor isn't part of the plan's provider network. Keep in mind that if your physician is not part of the plan's PPO network, you will have to pay more for each visit.



Estimate your medical costs

Blue Shield's Treatment Cost Estimator tool provides PPO plan members with estimates of both the total cost and out-of-pocket expenses for common in-network medical treatments and services. These estimates provide the transparency and clarity to help you budget and plan for future healthcare expenses. To access the tool, log in to **blueshieldca.com**, then click on *Help & Support* and then *Treatment Cost Estimator*.

Have questions? Get answers.

Call the Blue Shield Member Services team at **(800) 872-3941**.

Visit **blueshieldca.com/cityofsanjose** to find providers, review medical benefits, and more.

Download the Blue Shield mobile app for iPhone® or Android at **blueshieldca.com/mobile**.

Connect with Team Shield on **Facebook/BlueShieldCA** or **Twitter/TeamShieldBSC** and post a question.



HOW THE PLAN WORKS →

When you see a network provider for covered services:

- PPO network providers will submit their claims to Blue Shield.
- You pay 100% of the allowed amount for services, except for preventive care, until you meet your calendar-year deductible.
- After you meet the calendar-year deductible amount, you pay a copayment or coinsurance for covered services.

When you see a non-network provider for covered services:

- You pay 100% of the amount billed for covered services until you've met your calendar-year deductible. Only the amount allowed by Blue Shield of California will apply to the deductible accumulation.
- After you meet the calendar-year deductible amount, you pay a copayment or coinsurance for covered services, which is based on Blue Shield's allowable amount, plus any charges above the allowable amount. The additional charges above the allowable amount can be substantial.
- Non-network providers will usually require you to pay 100% of the cost of the service. You will then need to submit a claim along with the itemized bill from your provider to Blue Shield.

Plan highlights Here are a few highlights of the services covered by the PPO plan. For details on copayment and coinsurance amounts, please see the benefit summaries starting on page 13. To find network providers, see page 09.



Preventive care – Provides access to services defined as routine preventive care at no additional charge and without having to pay a copayment or meet the plan's deductible. You can download a list of recommended screenings and immunizations by going to **blueshieldca.com/preventive**.

Specialty care – You can access care through a specialist without a referral from your primary care physician.

Mental health and substance abuse care – You have access to inpatient and outpatient mental health and substance abuse care for issues such as depression, alcohol/drug abuse, mental illness, and marriage and family counseling through Blue Shield's mental health service administrator (MHSA) provider network, Blue Shield's PPO network, and non-network providers.

Urgent care – It's possible to save time and money by going to an urgent care center instead of the emergency room. To find an urgent care center, visit **blueshieldca.com/ucc-ppo**.

Emergency care – You're covered for emergency care around the world regardless of whether or not the provider is in your plan's PPO network.

Chiropractic and acupuncture services – Visit any chiropractor or acupuncturist in the Blue Shield PPO network.

Accessing care away from home – Through the BlueCard® Program, you have access to care across the United States and urgent and emergency care around the world. You can receive urgent care services from any provider; however, using a provider in the BlueCard Program can be more cost-effective and may eliminate the need for you to pay for the services when they are rendered and submit a claim for reimbursement. For complete information on covered services while traveling, please see your *Evidence of Coverage and Disclosure* (EOC&D).

Pharmacy benefits

We want you to get the most from the pharmacy benefits in your Blue Shield health plan.

Below is helpful information to get started with your pharmacy benefits.

To learn more, go to **blueshieldca.com** and visit our site's *Pharmacy* section. You'll discover helpful services, tools, and programs including:

- **Pharmacy Tools** – Our new Pharmacy Tools section offers easy, quick, and secure access to: up to 24 months of pharmacy claims information, plan-specific drug pricing, pharmacy locations, drug condition and interaction information, and more. To access these tools, you will need to log in to **blueshieldca.com**.
- **Plus Drug Formulary** – If you're currently taking a medication, check the Blue Shield Drug Formulary to see if your medication is in our list of preferred prescription drugs. If you don't have access to the Internet or need help, simply contact your dedicated Blue Shield Member Services team for personal assistance or to request a copy of our formulary.
- **Prescriptions by mail** – If you take stabilized doses of covered long-term maintenance medications for conditions such as diabetes, it's easy to order a mail-service refill of up to a 90-day supply. You may save money on your copayment, with no charge for shipping.
- **Ask the pharmacist** – As a member, simply submit your question to pharmacists at the University of California, San Francisco, and receive a confidential answer online within two days. Or browse the top questions and search an archive of answers. To use this feature, you will need to log in to **blueshieldca.com**.

If you have any questions, simply contact your Blue Shield Member Services team at **(800) 872-3941** for personal assistance from 7 a.m. to 7 p.m., Monday through Friday.



Compare prescription drug cost

Members can compare the costs of generic versus brand-name drugs and compare the costs of drugs at up to five network pharmacies. To access the tool log in to **blueshieldca.com**, click on *My Plan & Claims*, *Pharmacy Claims* and then *Drug Pricing*.

Find a network provider

Blue Shield's networks are some of the largest in California.

The HMO network has more than 40,000 physicians and 300 hospitals, and the PPO network includes more than 70,000 physicians and 350 hospitals.

Search for a network provider in California

HMO and PPO network providers

- It's fast and easy to find a network provider online:
 - For HMO providers, go to blueshieldca.com/networkhmo.
 - For PPO providers, go to blueshieldca.com/networkppo.
- Then, select the type of provider that you are searching for.
- Click on *Advanced Search* to further filter your search, such as by name, specialty, facility type, and more.
- When searching for an HMO personal physician, select "HMO Personal Physicians" as the doctor type. Then, click on the physician's name to find the provider number and medical group/IPA number (needed when you enroll in the Access+ HMO plan for the first time.)
- Enter your city and state or ZIP code, then click *Find now*.

Get results as a PDF

• Create a PDF of your search results:

Follow the steps to find a network provider in the previous paragraph and select *Get results as PDF* in the upper right corner of the screen. Then follow the instructions to download or have the listing emailed to you in a PDF format.

• Create a PDF directory by county or ZIP code:

Follow the steps to find a network provider in the previous paragraph, then select *Directory Online* (on the left side of the page) and follow the instructions.

If you don't have access to the Internet or need help, simply contact your dedicated Blue Shield Member Services team at **(800) 872-3941** for personal assistance or to request a provider directory.



Search for a network provider outside of California

Within the United States

- Go to **provider.bcbs.com**.
- Enter the first three letters of your member ID.
- Search by *Keyword* or by *Specialty*.
- Enter a location and a radius to search by (default is 5 miles).
- Click on Go.

Outside of the United States

- Go to **bluecardworldwide.com**.
- Accept the terms and conditions.
- Enter the first three letters of your member ID.
- Click *Login*.

Find out your provider's quality of care rankings

You can easily access quality scores, efficiency indicators, patient satisfaction scores, and cost information for many individual physicians, HMO medical groups, and hospitals.

To see a provider's performance profile, follow the steps above to find a provider and then click on the name of the doctor or hospital from your search results.

Going with Blue Shield means added programs and services

Case management

Blue Shield's comprehensive, integrated case management program provides support for members with acute, long-term, and high-risk conditions. The program encompasses a broad spectrum of interventions for short-term care coordination as well as ongoing complex case management. Our experienced care team includes registered nurses, licensed clinical social workers, dietitians, physicians, and pharmacists who provide the appropriate specialty support and resources to best meet members' needs, which are further supported by medical director oversight.

Condition management programs

These programs offer nurse support as well as education and self-management tools for members with asthma, diabetes, coronary artery disease, heart failure, and chronic obstructive pulmonary disease.

LifeReferrals 24/7

Call anytime to talk with a team of experienced professionals ready to assist you with personal, family, and work issues. Get referrals for three face-to-face or telephone consults (in a six-month period) with a licensed therapist at no cost to you. The LifeReferrals 24/7SM phone number is located on the back of your Blue Shield member ID card.

NurseHelp 24/7

Speak with registered nurses anytime, day or night, and get answers to your health-related questions, or go online to have a one-on-one personal chat with a registered nurse anytime. The NurseHelp 24/7SM phone number is conveniently located on the back of your member ID card.

Prenatal Program

The Prenatal Program is designed to improve quality of care received during pregnancy and to reduce the costs associated with high-risk pregnancies, while helping women have healthy pregnancies and healthy babies. The program includes educational mailings as well as 24/7 telephone support and case management for members with high-risk pregnancies who need extra support.

Have questions? Get answers.

Call the Blue Shield Member Services team at **(800) 872-3941**.

Visit **blueshieldca.com/cityofsanjose** to find providers, review medical benefits, and more.

Download the Blue Shield mobile app for iPhone® or Android at **blueshieldca.com/mobile**.

Connect with Team Shield on **Facebook/BlueShieldCA** or **Twitter/TeamShieldBSC** and post a question.



Wellvolution

Wellvolution® is an easy, social, and fun approach to wellness. Participate on the go, from your computer, smartphone, or tablet, and invite your family and friends to join the fun and support your health goals. Just go to **www.mywellvolution.com** for access to:

- **Well-Being Assessment** – Take our quick and confidential Well-Being Assessment and receive a personalized report of your overall well-being and suggestions on ways to improve your health.
- **Daily Challenge®** – Every day you'll get an email to perform one simple wellness-related task that's fun to do. Earn points, and connect with your friends and family as you explore activities to improve many areas of your well-being.
- **QuitNet®** – As the largest quit-smoking community in the world, QuitNet offers a dynamic, multi-modal tobacco cessation program through online and mobile engagement through daily email/SMS text support.

Wellness discount programs

Blue Shield offers a variety of member discounts on popular weight loss, fitness, vision, and health and wellness programs¹ that can help you save money and get healthier.

- **Weight Watchers** – Get discounts on three- and 12-month subscriptions, and monthly passes.
- **24 Hour Fitness** – Enjoy waived enrollment, processing, and initiation fees and discounts on monthly membership dues.
- **ClubSport and Renaissance ClubSport** – Obtain a 60% discount on enrollments when joining with a month-to-month agreement. Enrollment fees are waived when joining with a 12-month agreement. (There is a one-time \$25 processing fee when you enroll.)
- **Alternative Care Discount Program** – Get 25% off usual and customary fees for acupuncture, chiropractic services, and massage therapy, plus get discounts on health and wellness products, with free shipping on most items.
- **Discount Provider Network²** – Take 20% off the published retail prices when you use a participating provider in the Discount Vision Program network for exams, frames, lenses, and more.
- **MESVision Optics** – Take advantage of competitive prices on contact lenses,³ sunglasses, readers, and eyecare accessories, with free shipping on orders over \$50. Blue Shield vision plan members can apply their benefits to reduce their out-of-pocket costs for contact lenses.
- **QualSight LASIK** – Save on LASIK surgery at more than 45 surgery centers in California. Services include pre-screening, a pre-operative exam, and post-operative visits.
- **NVISION Laser Eye Centers** – Receive a 15% discount on LASIK surgery from experienced surgeons with offices in Southern California and Sacramento.

Please refer to the endnotes on inside back cover for all pertinent wellness discount program notations.

Daily Challenge, QuitNet, and Walkadoo are trademarks of MeYou Health, LLC. MeYou Health is a Healthways, Inc. company.

Wellvolution is a registered trademark of Blue Shield of California. Blue Shield and the Shield symbol are registered trademarks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.

Review benefit summaries

City of San Jose

Active Employees and Early Retirees

Custom Access+ HMO 25

Benefit Summary (For groups of 300 and above)
(Uniform Health Plan Benefits and Coverage Matrix)

Blue Shield of California

Effective: January 1, 2016

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Highlights: A description of the prescription drug coverage is provided separately

Calendar Year Medical Deductible	None
Calendar Year Out-of-Pocket Maximum	\$1,000 per individual / \$2,000 per family
Lifetime Benefit Maximum	None
Covered Services	Member Copayment
OUTPATIENT PROFESSIONAL SERVICES	
Professional (Physician) Benefits	
Physician and specialist office visits (note: a woman may self-refer to an OB/GYN or family practice physician in her personal physician's medical group or IPA for OB/GYN services)	\$25 per visit
Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services	No Charge
Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine)	No Charge
Allergy Testing and Treatment Benefits	
Allergy testing, treatment and serum injections (separate office visit copayment may apply)	No Charge
Access+ SpecialistSM Benefits¹	
Office visit, examination or other consultation (self-referred office visits and consultations only)	\$40 per visit
Preventive Health Benefits	
Preventive health services (as required by applicable Federal and California law)	No Charge
OUTPATIENT FACILITY SERVICES	
Outpatient surgery performed at a free-standing ambulatory surgery center	\$50 per surgery
Outpatient surgery performed in a hospital or a hospital affiliated ambulatory surgery center	\$100 per surgery
Outpatient services for treatment of illness or injury and necessary supplies (except as described under "Rehabilitation Benefits" and "Speech Therapy Benefits")	No Charge
Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services	No Charge
Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine)	No Charge
HOSPITALIZATION SERVICES	
Hospital Benefits (Facility Services)	
Inpatient physician services	No Charge
Inpatient non-emergency facility services (semi-private room and board, and medically necessary services and supplies, including subacute care)	\$100 per admission

INPATIENT SKILLED NURSING BENEFITS^{2,3} (combined maximum of up to 100 days per benefit period; prior authorization is required; semi-private accommodations)	
Free-standing skilled nursing facility	No Charge
Skilled nursing unit of a hospital	No Charge
EMERGENCY HEALTH COVERAGE	
Emergency room services not resulting in admission (copayment does not apply if the member is directly admitted to the hospital for inpatient services)	\$100 per visit
Emergency room physician services	No Charge
AMBULANCE SERVICES	
Emergency or authorized transport (ground or air)	\$50
PRESCRIPTION DRUG COVERAGE	
Outpatient Prescription Drug Benefits A description of your outpatient prescription drug coverage is provided separately. If you do not have the separate drug summary that goes with this benefit summary, please contact your benefits administrator or call the Member Services number on your identification card.	
PROSTHETICS/ORTHOTICS	
Prosthetic equipment and devices (separate office visit copayment may apply)	No Charge
Orthotic equipment and devices (separate office visit copayment may apply)	No Charge
DURABLE MEDICAL EQUIPMENT	
Breast pump	No Charge
Other durable medical equipment (member share is based upon allowed charges)	No Charge
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES^{4, 5}	
Inpatient hospital services	\$100 per admission
Residential care	\$100 per admission
Inpatient physician services	No Charge
Routine outpatient mental health and substance abuse services (includes professional/physician visits)	\$25 per visit
Non-routine outpatient mental health and substance abuse services (includes behavioral health treatment, electroconvulsive therapy, intensive outpatient programs, office-based opioid treatment, partial hospitalization programs, psychological testing and transcranial magnetic stimulation)	No Charge
HOME HEALTH SERVICES	
Home health care agency services ² (up to 100 visits per calendar year)	\$25 per visit
Home infusion/home injectable therapy and infusion nursing visits provided by a home infusion agency	No Charge
HOSPICE PROGRAM BENEFITS	
Routine home care	No Charge
Inpatient respite care	No Charge
24-hour continuous home care	No Charge
Short-term inpatient care for pain and symptom management	No Charge
PREGNANCY AND MATERNITY CARE BENEFITS	
Prenatal and postnatal physician office visits (when billed as part of global maternity fee including hospital inpatient delivery services)	No Charge
Abortion services (an additional facility copayment may apply when services are rendered in a hospital or outpatient surgery center)	No Charge
FAMILY PLANNING AND INFERTILITY BENEFITS	
Counseling and consulting (Includes insertion of IUD, as well as injectable and implantable contraceptives for women)	No Charge
Infertility services (member cost share is based upon allowed charges) (diagnosis and treatment of cause of infertility. Excludes in vitro fertilization, injectables for infertility, artificial insemination and GIFT)	50%
Tubal ligation	No Charge
Vasectomy (an additional facility copayment may apply when services are rendered in a hospital or outpatient surgery center)	No Charge
REHABILITATION AND HABILITATION BENEFITS (Physical, Occupational and Respiratory Therapy)	
Office location (an additional facility copayment may apply when services are rendered in a hospital or skilled nursing facility)	\$25 per visit

SPEECH THERAPY BENEFITS	
Office location (an additional facility copayment may apply when services are rendered in a hospital or skilled nursing facility)	\$25 per visit
DIABETES CARE BENEFITS	
Devices, equipment, and non-testing supplies (member share is based upon allowed charges; for testing supplies see Outpatient Prescription Drug Benefits)	No Charge
Diabetes self-management training	\$25 per visit
HEARING AID SERVICES	
Audiological examination	No Charge
Hearing aid and ancillary equipment (Plan payment up to \$1,000 maximum per member every 36 months)	No Charge
URGENT CARE BENEFITS	
Urgent care services outside your personal physician service area within California	\$25 per visit
Urgent care services outside of California (BlueCard® Program)	\$25 per visit

OPTIONAL BENEFITS

Optional dental, vision, hearing aid, infertility, chiropractic or acupuncture benefits are available. If your employer purchased any of these benefits, a description of the benefit is provided separately.

- ¹ To use this option, members must select a personal physician who is affiliated with a medical group or IPA that is an Access+ provider group, which offers the Access+ Specialist feature. Members should then select a specialist within that medical group or IPA.
- ² For Plans with a facility deductible amount, services with a day or visit limit accrue to the calendar year day or visit limit maximum regardless of whether the plan deductible has been met.
- ³ Inpatient skilled nursing services are limited to 100 preauthorized days during a benefit period except when received through a hospice program provided by a participating hospice agency. This 100 preauthorized day maximum on inpatient skilled nursing services is a combined maximum between skilled nursing services provided in a hospital unit and skilled nursing services provided in a skilled nursing facility (SNF).
- ⁴ Mental Health and Substance Abuse services are accessed through Blue Shield's Mental Health Service Administrator (MHSA) using MHSA participating providers.
- ⁵ Inpatient services for acute detoxification are covered under the medical benefit; see the Hospital Benefits (Facility Services) section of the Evidence of Coverage for benefit details. Services for acute medical detoxification are accessed through Blue Shield using Blue Shield participating providers.

Plan designs may be modified to ensure compliance with state and federal requirements.

A16205 (1/16) VR082015; VR092115

This plan is pending regulatory approval.

City of San Jose Active Employees and Early Retirees Custom Access+ HMO RX Plan

Outpatient Prescription Drug Coverage
(For groups of 300 and above)

**THIS DRUG COVERAGE SUMMARY IS
ADDED TO BE COMBINED WITH THE HMO
OR POS PLANS UNIFORM HEALTH PLAN
BENEFITS AND COVERAGE MATRIX. THE
EVIDENCE OF COVERAGE AND PLAN
CONTRACT SHOULD BE CONSULTED FOR A
DETAILED DESCRIPTION OF COVERAGE
BENEFITS AND LIMITATIONS.**

Blue Shield of California

Highlight: 5-Tier/Incentive Formulary
\$0 Calendar Year Brand Drug Deductible
\$0 Select Generic/\$10 Select Brand/\$10 Formulary Generic/\$25 Formulary Brand/\$40 Non-Formulary Brand Drug - Retail Pharmacy
\$0 Select Generic/\$20 Select Brand/\$20 Formulary Generic/\$50 Formulary Brand/\$80 Non-Formulary Brand Drug - Mail Service

Covered Services	Member Copayment
DEDUCTIBLES (Prescription drug coverage benefits are not subject to the medical plan deductible.)	
Calendar Year Brand Drug Deductible	None
PRESCRIPTION DRUG COVERAGE ^{1,2}	Participating Pharmacy
Retail Prescriptions (up to a 30-day supply)	
• Contraceptive Drugs and Devices ³	\$0 per prescription
• Select Generic Drugs ⁸	\$0 per prescription
• Select Brand Drugs ⁸	\$10 per prescription
• Formulary Generic Drugs	\$10 per prescription
• Formulary Brand Drugs ^{4, 5}	\$25 per prescription
• Non-Formulary Brand Drugs ^{4, 5}	\$40 per prescription
Mail Service Prescriptions (up to a 90-day supply)	
• Contraceptive Drugs and Devices ³	\$0 per prescription
• Select Generic Drugs ⁸	\$0 per prescription
• Select Brand Drugs ⁸	\$20 per prescription
• Formulary Generic Drugs	\$20 per prescription
• Formulary Brand Drugs ^{4, 5}	\$50 per prescription
• Non-Formulary Brand Drugs ^{4, 5}	\$80 per prescription
Specialty Pharmacies (up to a 30-day supply) ⁶	
• Specialty Drugs ⁷	\$30 per prescription

¹ Amounts paid through copayments and any applicable brand drug deductible accrues to the member's medical calendar year out-of-pocket maximum. Please refer to the Evidence of Coverage and Plan Contract for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit, if applicable, from the previous plan during the calendar year will not carry forward to your new plan.

² Drugs obtained at a non-participating pharmacy are not covered, unless Medically Necessary for a covered emergency.

³ Contraceptive Drugs and Devices covered under the outpatient prescription drug benefits will not be subject to the applicable calendar year brand drug deductible. If a brand contraceptive is requested when a generic equivalent is available, the member will be responsible for paying the difference between the cost to Blue Shield for the brand contraceptive and its generic drug equivalent. In addition, select contraceptives may need prior authorization to be covered without a copayment.

⁴ Select formulary and non-formulary drugs require prior authorization by Blue Shield for Medical Necessity, or when effective, lower cost alternatives are available.

- 5 If the member requests a brand drug and a generic drug equivalent is available, the member is responsible for paying the generic drug copayment plus the difference in cost to Blue Shield between the brand drug and its generic drug equivalent.
- 6 Specialty Drugs are Drugs requiring coordination of care, close monitoring, or extensive patient training that generally cannot be met by a retail pharmacy and are available at a Network Specialty Pharmacy. Specialty Drugs may also require special handling or manufacturing processes, restriction to certain Physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty Drugs are generally high cost.
- 7 Specialty drugs are available from a Network Specialty Pharmacy. A Network Specialty Pharmacy provides specialty drugs by mail or upon member request, at an associated retail store for pickup.
- 8 Select drugs for the treatment of asthma and diabetes. For additional details, please refer to the printed formulary (under Respiratory, asthma inhalants, asthma orals, Endocrine or diabetes) and the EOC & D Booklet. This benefit does not apply to Medicare members enrolled in the Part D drug program.

Note: This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the Federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan while you maintain this coverage. However, you should be aware that if you have a subsequent break in this coverage of 63 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you could be subject to a late enrollment penalty in addition to your Part D premium.

Important Prescription Drug Information

You can find details about your drug coverage three ways:

1. Check your *Evidence of Coverage*.
2. Go to **blueshieldca.com** and log onto My Health Plan from the home page.
3. Call Member Services at the number listed on your Blue Shield member ID card.

At Blue Shield of California, we're dedicated to providing you with valuable resources for managing your drug coverage. Go online to the *Pharmacy* section of **blueshieldca.com** and select the *Drug Database and Formulary* to access a variety of useful drug information that can affect your out-of-pocket expenses, such as:

- Look up non-formulary drugs with formulary or generic equivalents;
- Look up drugs that require step therapy or prior authorization;
- Find specifics about your prescription copayments;
- Find local network pharmacies to fill your prescriptions.

TIPS!

Using the convenient mail service pharmacy can save you time and money. If you take a consistent dose of a covered maintenance drug for a chronic condition, such as diabetes or high blood pressure, you can receive up to a 90-day supply through the mail service pharmacy with a reduced copayment. Call the mail service pharmacy at (866) 346-7200. Members using TTY equipment can call TTY/TDD 866-346-7197.

Plan designs may be modified to ensure compliance with state and Federal requirements.

A16149-a (1/16) VR081915

City of San Jose

Chiropractic and Acupuncture Benefits

Additional coverage for your HMO Plans

Blue Shield Chiropractic and Acupuncture Care coverage lets you self-refer to a network of more than 4,000 licensed chiropractors and more than 2,500 licensed acupuncturists. Benefits are provided through a contract with American Specialty Health Plans of California, Inc. (ASH Plans).

How the Program Works

You can visit any participating chiropractors or acupuncturists in California from the ASH Plans network *without* a referral from your HMO Personal Physician. Simply call a participating provider to schedule an initial exam.

At the time of your first visit, you'll present your Blue Shield identification card and pay only your copayment. Because participating chiropractors and acupuncturists bill ASH Plans directly, you'll never have to file claim forms.

If you need further treatment, the participating chiropractor or acupuncturist will submit a proposed treatment plan to ASH Plans and obtain the necessary authorization from ASH Plans to continue treatment up to the calendar year maximum of 30 combined visits.

What's Covered

The plan covers medically necessary chiropractic and acupuncture services including:

- Initial and subsequent examinations
- Office visits and adjustments (subject to annual limits)
- Adjunctive therapies
- X-rays (chiropractic only)

Benefit Plan Design

Calendar year Maximum	30 Combined Visits
Calendar year Deductible	None
Calendar year Chiropractic Appliances Benefit ^{1,2}	\$50
Covered Services	Member Copayment
Acupuncture Services	\$10 per visit
Chiropractic Services	\$10 per visit
Out-of-network Coverage	None

1. Chiropractic appliances are covered up to a maximum of \$50 in a calendar year as authorized by ASH Plans.
2. As authorized by ASH Plans, this allowance is applied toward the purchase of items determined necessary, such as supports, collars, pillows, heel lifts, ice packs, cushions, orthotics, rib belts and home traction units.

Friendly Customer Service

Helpful ASH Plans Member Services representatives are available at (800) 678-9133 Monday through Friday from 6 a.m. to 5 p.m. to answer questions, assist with problems, or help locate a participating chiropractor or acupuncturist.

This document is only a summary for informational purposes. It is not a contract. Please refer to the *Evidence of Coverage* and the Group Health Service Agreement for the exact terms and conditions of coverage.

City of San Jose

Custom Access+ HMO SaveNet 25

Benefit Summary (For groups of 300 and above)

(Uniform Health Plan Benefits and Coverage Matrix)

Blue Shield of California

Effective: January 1, 2016

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Highlights: A description of the prescription drug coverage is provided separately

This plan has a special network including a limited number of Physicians, Independent Practice Associations (IPAs) and Medical Groups and a limited Service Area which includes only certain counties and cities as described in the Evidence of Coverage and Access+ HMO Comparison. You must live and/or work in this limited Service Area in order to enroll in this Plan

Calendar Year Medical Deductible	None
Calendar Year Out-of-Pocket Maximum	\$1,000 per individual / \$2,000 per family
Lifetime Benefit Maximum	None
Covered Services	Member Copayment
OUTPATIENT PROFESSIONAL SERVICES	
Professional (Physician) Benefits	
Physician and specialist office visits (note: a woman may self-refer to an OB/GYN or family practice physician in her personal physician's medical group or IPA for OB/GYN services)	\$25 per visit
Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services	No Charge
Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine)	No Charge
Allergy Testing and Treatment Benefits	
Allergy testing, treatment and serum injections (separate office visit copayment may apply)	No Charge
Access+ SpecialistSM Benefits¹	
Office visit, examination or other consultation (self-referred office visits and consultations only)	\$40 per visit
Preventive Health Benefits	
Preventive health services (as required by applicable Federal and California law)	No Charge
OUTPATIENT FACILITY SERVICES	
Outpatient surgery performed at a free-standing ambulatory surgery center	\$50 per surgery
Outpatient surgery performed in a hospital or a hospital affiliated ambulatory surgery center	\$100 per surgery
Outpatient services for treatment of illness or injury and necessary supplies (except as described under "Rehabilitation Benefits" and "Speech Therapy Benefits")	No Charge
Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services	No Charge
Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine)	No Charge
HOSPITALIZATION SERVICES	
Hospital Benefits (Facility Services)	
Inpatient physician services	No Charge
Inpatient non-emergency facility services (semi-private room and board, and medically necessary services and supplies, including subacute care)	\$100 per admission

INPATIENT SKILLED NURSING BENEFITS^{2,3} (combined maximum of up to 100 days per benefit period; prior authorization is required; semi-private accommodations)	
Free-standing skilled nursing facility	No Charge
Skilled nursing unit of a hospital	No Charge
EMERGENCY HEALTH COVERAGE	
Emergency room services not resulting in admission (copayment does not apply if the member is directly admitted to the hospital for inpatient services)	\$100 per visit
Emergency room physician services	No Charge
AMBULANCE SERVICES	
Emergency or authorized transport (ground or air)	\$50
PRESCRIPTION DRUG COVERAGE	
Outpatient Prescription Drug Benefits A description of your outpatient prescription drug coverage is provided separately. If you do not have the separate drug summary that goes with this benefit summary, please contact your benefits administrator or call the Member Services number on your identification card.	
PROSTHETICS/ORTHOTICS	
Prosthetic equipment and devices (separate office visit copayment may apply)	No Charge
Orthotic equipment and devices (separate office visit copayment may apply)	No Charge
DURABLE MEDICAL EQUIPMENT	
Breast pump	No Charge
Other durable medical equipment (member share is based upon allowed charges)	No Charge
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES^{4, 5}	
Inpatient hospital services	\$100 per admission
Residential care	\$100 per admission
Inpatient physician services	No Charge
Routine outpatient mental health and substance abuse services (includes professional/physician visits)	\$25 per visit
Non-routine outpatient mental health and substance abuse services (includes behavioral health treatment, electroconvulsive therapy, intensive outpatient programs, office-based opioid treatment, partial hospitalization programs, psychological testing and transcranial magnetic stimulation)	No Charge
HOME HEALTH SERVICES	
Home health care agency services ² (up to 100 visits per calendar year)	\$25 per visit
Home infusion/home injectable therapy and infusion nursing visits provided by a home infusion agency	No Charge
HOSPICE PROGRAM BENEFITS	
Routine home care	No Charge
Inpatient respite care	No Charge
24-hour continuous home care	No Charge
Short-term inpatient care for pain and symptom management	No Charge
PREGNANCY AND MATERNITY CARE BENEFITS	
Prenatal and postnatal physician office visits (when billed as part of global maternity fee including hospital inpatient delivery services)	No Charge
Abortion services (an additional facility copayment may apply when services are rendered in a hospital or outpatient surgery center)	No Charge
FAMILY PLANNING AND INFERTILITY BENEFITS	
Counseling and consulting (Includes insertion of IUD, as well as injectable and implantable contraceptives for women)	No Charge
Infertility services (member cost share is based upon allowed charges) (diagnosis and treatment of cause of infertility. Excludes in vitro fertilization, injectables for infertility, artificial insemination and GIFT)	50%
Tubal ligation	No Charge
Vasectomy (an additional facility copayment may apply when services are rendered in a hospital or outpatient surgery center)	No Charge
REHABILITATION AND HABILITATION BENEFITS (Physical, Occupational and Respiratory Therapy)	
Office location (an additional facility copayment may apply when services are rendered in a hospital or skilled nursing facility)	\$25 per visit

SPEECH THERAPY BENEFITS	
Office location (an additional facility copayment may apply when services are rendered in a hospital or skilled nursing facility)	\$25 per visit
DIABETES CARE BENEFITS	
Devices, equipment, and non-testing supplies (member share is based upon allowed charges; for testing supplies see Outpatient Prescription Drug Benefits)	No Charge
Diabetes self-management training	\$25 per visit
HEARING AID SERVICES	
Audiological examination	No Charge
Hearing aid and ancillary equipment (Plan payment up to \$1,000 maximum per member every 36 months)	No Charge
URGENT CARE BENEFITS	
Urgent care services outside your personal physician service area within California	\$25 per visit
Urgent care services outside of California (BlueCard® Program)	\$25 per visit

OPTIONAL BENEFITS

Optional dental, vision, hearing aid, infertility, chiropractic or acupuncture benefits are available. If your employer purchased any of these benefits, a description of the benefit is provided separately.

- ¹ To use this option, members must select a personal physician who is affiliated with a medical group or IPA that is an Access+ provider group, which offers the Access+ Specialist feature. Members should then select a specialist within that medical group or IPA.
- ² For Plans with a facility deductible amount, services with a day or visit limit accrue to the calendar year day or visit limit maximum regardless of whether the plan deductible has been met.
- ³ Inpatient skilled nursing services are limited to 100 preauthorized days during a benefit period except when received through a hospice program provided by a participating hospice agency. This 100 preauthorized day maximum on inpatient skilled nursing services is a combined maximum between skilled nursing services provided in a hospital unit and skilled nursing services provided in a skilled nursing facility (SNF).
- ⁴ Mental Health and Substance Abuse services are accessed through Blue Shield's Mental Health Service Administrator (MHSA) using MHSA participating providers.
- ⁵ Inpatient services for acute detoxification are covered under the medical benefit; see the Hospital Benefits (Facility Services) section of the Evidence of Coverage for benefit details. Services for acute medical detoxification are accessed through Blue Shield using Blue Shield participating providers.

Plan designs may be modified to ensure compliance with state and federal requirements.

A44723 (1/16) VR082015; VR092315

This plan is pending regulatory approval.

City of San Jose Active Employees and Early Retirees Custom Access+ HMO RX Plan

Outpatient Prescription Drug Coverage
(For groups of 300 and above)

**THIS DRUG COVERAGE SUMMARY IS
ADDED TO BE COMBINED WITH THE HMO
OR POS PLANS UNIFORM HEALTH PLAN
BENEFITS AND COVERAGE MATRIX. THE
EVIDENCE OF COVERAGE AND PLAN
CONTRACT SHOULD BE CONSULTED FOR A
DETAILED DESCRIPTION OF COVERAGE
BENEFITS AND LIMITATIONS.**

Blue Shield of California

Highlight: 5-Tier/Incentive Formulary
\$0 Calendar Year Brand Drug Deductible
\$0 Select Generic/\$10 Select Brand/\$10 Formulary Generic/\$25 Formulary Brand/\$40 Non-Formulary Brand Drug - Retail Pharmacy
\$0 Select Generic/\$20 Select Brand/\$20 Formulary Generic/\$50 Formulary Brand/\$80 Non-Formulary Brand Drug - Mail Service

Covered Services	Member Copayment
DEDUCTIBLES (Prescription drug coverage benefits are not subject to the medical plan deductible.)	
Calendar Year Brand Drug Deductible	None
PRESCRIPTION DRUG COVERAGE ^{1,2}	Participating Pharmacy
Retail Prescriptions (up to a 30-day supply)	
• Contraceptive Drugs and Devices ³	\$0 per prescription
• Select Generic Drugs ⁸	\$0 per prescription
• Select Brand Drugs ⁸	\$10 per prescription
• Formulary Generic Drugs	\$10 per prescription
• Formulary Brand Drugs ^{4, 5}	\$25 per prescription
• Non-Formulary Brand Drugs ^{4, 5}	\$40 per prescription
Mail Service Prescriptions (up to a 90-day supply)	
• Contraceptive Drugs and Devices ³	\$0 per prescription
• Select Generic Drugs ⁸	\$0 per prescription
• Select Brand Drugs ⁸	\$20 per prescription
• Formulary Generic Drugs	\$20 per prescription
• Formulary Brand Drugs ^{4, 5}	\$50 per prescription
• Non-Formulary Brand Drugs ^{4, 5}	\$80 per prescription
Specialty Pharmacies (up to a 30-day supply) ⁶	
• Specialty Drugs ⁷	\$30 per prescription

¹ Amounts paid through copayments and any applicable brand drug deductible accrues to the member's medical calendar year out-of-pocket maximum. Please refer to the Evidence of Coverage and Plan Contract for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit, if applicable, from the previous plan during the calendar year will not carry forward to your new plan.

² Drugs obtained at a non-participating pharmacy are not covered, unless Medically Necessary for a covered emergency.

³ Contraceptive Drugs and Devices covered under the outpatient prescription drug benefits will not be subject to the applicable calendar year brand drug deductible. If a brand contraceptive is requested when a generic equivalent is available, the member will be responsible for paying the difference between the cost to Blue Shield for the brand contraceptive and its generic drug equivalent. In addition, select contraceptives may need prior authorization to be covered without a copayment.

⁴ Select formulary and non-formulary drugs require prior authorization by Blue Shield for Medical Necessity, or when effective, lower cost alternatives are available.

- 5 If the member requests a brand drug and a generic drug equivalent is available, the member is responsible for paying the generic drug copayment plus the difference in cost to Blue Shield between the brand drug and its generic drug equivalent.
- 6 Specialty Drugs are Drugs requiring coordination of care, close monitoring, or extensive patient training that generally cannot be met by a retail pharmacy and are available at a Network Specialty Pharmacy. Specialty Drugs may also require special handling or manufacturing processes, restriction to certain Physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty Drugs are generally high cost.
- 7 Specialty drugs are available from a Network Specialty Pharmacy. A Network Specialty Pharmacy provides specialty drugs by mail or upon member request, at an associated retail store for pickup.
- 8 Select drugs for the treatment of asthma and diabetes. For additional details, please refer to the printed formulary (under Respiratory, asthma inhalants, asthma orals, Endocrine or diabetes) and the EOC & D Booklet. This benefit does not apply to Medicare members enrolled in the Part D drug program.

Note: This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the Federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan while you maintain this coverage. However, you should be aware that if you have a subsequent break in this coverage of 63 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you could be subject to a late enrollment penalty in addition to your Part D premium.

Important Prescription Drug Information

You can find details about your drug coverage three ways:

1. Check your *Evidence of Coverage*.
2. Go to **blueshieldca.com** and log onto My Health Plan from the home page.
3. Call Member Services at the number listed on your Blue Shield member ID card.

At Blue Shield of California, we're dedicated to providing you with valuable resources for managing your drug coverage. Go online to the *Pharmacy* section of **blueshieldca.com** and select the *Drug Database and Formulary* to access a variety of useful drug information that can affect your out-of-pocket expenses, such as:

- Look up non-formulary drugs with formulary or generic equivalents;
- Look up drugs that require step therapy or prior authorization;
- Find specifics about your prescription copayments;
- Find local network pharmacies to fill your prescriptions.

TIPS!

Using the convenient mail service pharmacy can save you time and money. If you take a consistent dose of a covered maintenance drug for a chronic condition, such as diabetes or high blood pressure, you can receive up to a 90-day supply through the mail service pharmacy with a reduced copayment. Call the mail service pharmacy at (866) 346-7200. Members using TTY equipment can call TTY/TDD 866-346-7197.

Plan designs may be modified to ensure compliance with state and Federal requirements.

A16149-a (1/16) VR081915

City of San Jose

Chiropractic and Acupuncture Benefits

Additional coverage for your HMO Plans

Blue Shield Chiropractic and Acupuncture Care coverage lets you self-refer to a network of more than 4,000 licensed chiropractors and more than 2,500 licensed acupuncturists. Benefits are provided through a contract with American Specialty Health Plans of California, Inc. (ASH Plans).

How the Program Works

You can visit any participating chiropractors or acupuncturists in California from the ASH Plans network *without* a referral from your HMO Personal Physician. Simply call a participating provider to schedule an initial exam.

At the time of your first visit, you'll present your Blue Shield identification card and pay only your copayment. Because participating chiropractors and acupuncturists bill ASH Plans directly, you'll never have to file claim forms.

If you need further treatment, the participating chiropractor or acupuncturist will submit a proposed treatment plan to ASH Plans and obtain the necessary authorization from ASH Plans to continue treatment up to the calendar year maximum of 30 combined visits.

What's Covered

The plan covers medically necessary chiropractic and acupuncture services including:

- Initial and subsequent examinations
- Office visits and adjustments (subject to annual limits)
- Adjunctive therapies
- X-rays (chiropractic only)

Benefit Plan Design

Calendar year Maximum	30 Combined Visits
Calendar year Deductible	None
Calendar year Chiropractic Appliances Benefit ^{1,2}	\$50
Covered Services	Member Copayment
Acupuncture Services	\$10 per visit
Chiropractic Services	\$10 per visit
Out-of-network Coverage	None

1. Chiropractic appliances are covered up to a maximum of \$50 in a calendar year as authorized by ASH Plans.
2. As authorized by ASH Plans, this allowance is applied toward the purchase of items determined necessary, such as supports, collars, pillows, heel lifts, ice packs, cushions, orthotics, rib belts and home traction units.

Friendly Customer Service

Helpful ASH Plans Member Services representatives are available at (800) 678-9133 Monday through Friday from 6 a.m. to 5 p.m. to answer questions, assist with problems, or help locate a participating chiropractor or acupuncturist.

This document is only a summary for informational purposes. It is not a contract. Please refer to the *Evidence of Coverage* and the Group Health Service Agreement for the exact terms and conditions of coverage.

City of San Jose

Access+ HMO Facility Coinsurance 45-50%

Benefit Summary (For groups of 300 and above)

(Uniform Health Plan Benefits and Coverage Matrix)

Blue Shield of California

Effective: January 1, 2016

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Highlights: A description of the prescription drug coverage is provided separately

Calendar Year Facility Deductible	None
Calendar Year Out-of-Pocket Maximum	\$3,500 per individual / \$7,000 per family
Lifetime Benefit Maximum	None
Covered Services	Member Copayment
OUTPATIENT PROFESSIONAL SERVICES	
Professional (Physician) Benefits	
Physician and specialist office visits (note: a woman may self-refer to an OB/GYN or family practice physician in her personal physician's medical group or IPA for OB/GYN services)	\$45 per visit
Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services	No Charge
Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine)	No Charge
Allergy Testing and Treatment Benefits	
Allergy testing, treatment and serum injections (separate office visit copayment may apply)	No Charge
Access+ SpecialistSM Benefits¹	
Office visit, examination or other consultation (self-referred office visits and consultations only)	\$50 per visit
Preventive Health Benefits	
Preventive health services (as required by applicable Federal and California law)	No Charge
OUTPATIENT FACILITY SERVICES	
Outpatient surgery performed at a free-standing ambulatory surgery center	50%
Outpatient surgery performed in a hospital or a hospital affiliated ambulatory surgery center	50%
Outpatient services for treatment of illness or injury and necessary supplies (except as described under "Rehabilitation Benefits" and "Speech Therapy Benefits")	No Charge
Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services	No Charge
Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine)	No Charge
HOSPITALIZATION SERVICES	
Hospital Benefits (Facility Services)	
Inpatient physician services	No Charge
Inpatient non-emergency facility services (semi-private room and board, and medically necessary services and supplies, including subacute care)	50%
INPATIENT SKILLED NURSING BENEFITS^{2,3} (combined maximum of up to 100 days per benefit period; prior authorization is required; semi-private accommodations)	
Free-standing skilled nursing facility	50%
Skilled nursing unit of a hospital	50%

EMERGENCY HEALTH COVERAGE	
Emergency room services not resulting in admission (copayment does not apply if the member is directly admitted to the hospital for inpatient services)	\$200 per visit
Emergency room physician services	No Charge
AMBULANCE SERVICES	
Emergency or authorized transport (ground or air)	\$100
PRESCRIPTION DRUG COVERAGE	
Outpatient Prescription Drug Benefits	
A description of your outpatient prescription drug coverage is provided separately. If you do not have the separate drug summary that goes with this benefit summary, please contact your benefits administrator or call the Member Services number on your identification card.	
PROSTHETICS/ORTHOTICS	
Prosthetic equipment and devices (separate office visit copayment may apply)	No Charge
Orthotic equipment and devices (separate office visit copayment may apply)	No Charge
DURABLE MEDICAL EQUIPMENT	
Breast pump	No Charge
Other durable medical equipment (member share is based upon allowed charges)	50%
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES^{4, 5}	
Inpatient hospital services	50%
Residential care	50%
Inpatient physician services	No Charge
Routine outpatient mental health and substance abuse services (includes professional/physician visits)	\$45 per visit
Non-routine outpatient mental health and substance abuse services (includes behavioral health treatment, electroconvulsive therapy, intensive outpatient programs, office-based opioid treatment, partial hospitalization programs, psychological testing and transcranial magnetic stimulation)	No Charge
HOME HEALTH SERVICES	
Home health care agency services ² (up to 100 visits per calendar year)	\$45 per visit
Home infusion/home injectable therapy and infusion nursing visits provided by a home infusion agency	No Charge
HOSPICE PROGRAM BENEFITS	
Routine home care	No Charge
Inpatient respite care	No Charge
24-hour continuous home care	No Charge
Short-term inpatient care for pain and symptom management	No Charge
PREGNANCY AND MATERNITY CARE BENEFITS	
Prenatal and postnatal physician office visits (when billed as part of global maternity fee including hospital inpatient delivery services)	\$45 per visit
Abortion services (an additional facility copayment may apply when services are rendered in a hospital or outpatient surgery center)	No Charge
FAMILY PLANNING AND INFERTILITY BENEFITS	
Counseling and consulting (Includes insertion of IUD, as well as injectable and implantable contraceptives for women)	No Charge
Infertility services (member cost share is based upon allowed charges) (diagnosis and treatment of cause of infertility. Excludes in vitro fertilization, injectables for infertility, artificial insemination and GIFT)	50%
Tubal ligation	No Charge
Vasectomy (an additional facility copayment may apply when services are rendered in a hospital or outpatient surgery center)	No Charge
REHABILITATION AND HABILITATION BENEFITS (Physical, Occupational and Respiratory Therapy)	
Office location (an additional facility copayment may apply when services are rendered in a hospital or skilled nursing facility)	\$45 per visit
SPEECH THERAPY BENEFITS	
Office location (an additional facility copayment may apply when services are rendered in a hospital or skilled nursing facility)	\$45 per visit

DIABETES CARE BENEFITS

Devices, equipment, and non-testing supplies (member share is based upon allowed charges; for testing supplies see Outpatient Prescription Drug Benefits)	50%
Diabetes self-management training	\$45 per visit

URGENT CARE BENEFITS

Urgent care services outside your personal physician service area within California	\$45 per visit
Urgent care services outside of California (BlueCard® Program)	\$45 per visit

OPTIONAL BENEFITS

Optional dental, vision, hearing aid, infertility, chiropractic or acupuncture benefits are available. If your employer purchased any of these benefits, a description of the benefit is provided separately.

- ¹ To use this option, members must select a personal physician who is affiliated with a medical group or IPA that is an Access+ provider group, which offers the Access+ Specialist feature. Members should then select a specialist within that medical group or IPA.
- ² For Plans with a facility deductible amount, services with a day or visit limit accrue to the calendar year day or visit limit maximum regardless of whether the plan deductible has been met.
- ³ Inpatient skilled nursing services are limited to 100 preauthorized days during a benefit period except when received through a hospice program provided by a participating hospice agency. This 100 preauthorized day maximum on inpatient skilled nursing services is a combined maximum between skilled nursing services provided in a hospital unit and skilled nursing services provided in a skilled nursing facility (SNF).
- ⁴ Mental Health and Substance Abuse services are accessed through Blue Shield's Mental Health Service Administrator (MHSA) using MHSA participating providers.
- ⁵ Inpatient services for acute detoxification are covered under the medical benefit; see the Hospital Benefits (Facility Services) section of the Evidence of Coverage for benefit details. Services for acute medical detoxification are accessed through Blue Shield using Blue Shield participating providers.

Plan designs may be modified to ensure compliance with state and federal requirements.

A43200 (1/16) VR082015; VR092115

This plan is pending regulatory approval.

City of San Jose Custom Access+ HMO RX Plan

Outpatient Prescription Drug Coverage
(For groups of 300 and above)

Blue Shield of California

THIS DRUG COVERAGE SUMMARY IS ADDED TO BE COMBINED WITH THE HMO OR POS PLANS UNIFORM HEALTH PLAN BENEFITS AND COVERAGE MATRIX. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Highlight: 3-Tier/Incentive Formulary
\$250 Calendar Year Brand Drug Deductible
\$15 Formulary Generic/\$30 Formulary Brand/50% \$45 min \$100 max Non-Formulary Brand Drug - Retail Pharmacy
\$30 Formulary Generic/\$60 Formulary Brand/50% \$90 min \$200 max Non-Formulary Brand Drug - Mail Service

Covered Services	Member Copayment
DEDUCTIBLES (Prescription drug coverage benefits are not subject to the medical plan deductible.)	
Calendar Year Brand Drug Deductible applies to covered brand and specialty drugs.	\$250 per member per calendar year
PRESCRIPTION DRUG COVERAGE ^{1,2}	Participating Pharmacy
Retail Prescriptions (up to a 30-day supply)	
• Contraceptive Drugs and Devices ³	\$0 per prescription
• Formulary Generic Drugs	\$15 per prescription
• Formulary Brand Drugs ^{4, 5}	\$30 per prescription
• Non-Formulary Brand Drugs ^{4, 5}	50% \$45 min \$100 max
Mail Service Prescriptions (up to a 90-day supply)	
• Contraceptive Drugs and Devices ³	\$0 per prescription
• Formulary Generic Drugs	\$30 per prescription
• Formulary Brand Drugs ^{4, 5}	\$60 per prescription
• Non-Formulary Brand Drugs ^{4, 5}	50% \$90 min \$200 max
Specialty Pharmacies (up to a 30-day supply) ⁶	
• Specialty Drugs ⁷	20% (Up to \$100 copayment maximum per prescription)

- Amounts paid through copayments and any applicable brand drug deductible accrues to the member's medical calendar year out-of-pocket maximum. Please refer to the Evidence of Coverage and Plan Contract for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit, if applicable, from the previous plan during the calendar year will not carry forward to your new plan.
- Drugs obtained at a non-participating pharmacy are not covered, unless Medically Necessary for a covered emergency.
- Contraceptive Drugs and Devices covered under the outpatient prescription drug benefits will not be subject to the applicable calendar year brand drug deductible. If a brand contraceptive is requested when a generic equivalent is available, the member will be responsible for paying the difference between the cost to Blue Shield for the brand contraceptive and its generic drug equivalent. In addition, select contraceptives may need prior authorization to be covered without a copayment.
- Select formulary and non-formulary drugs require prior authorization by Blue Shield for Medical Necessity, or when effective, lower cost alternatives are available.
- If the member requests a brand drug and a generic drug equivalent is available, the member is responsible for paying the generic drug copayment plus the difference in cost to Blue Shield between the brand drug and its generic drug equivalent.
- Specialty Drugs are Drugs requiring coordination of care, close monitoring, or extensive patient training that generally cannot be met by a retail pharmacy and are available at a Network Specialty Pharmacy. Specialty Drugs may also require special handling or manufacturing processes, restriction to certain Physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty Drugs are generally high cost.
- Specialty drugs are available from a Network Specialty Pharmacy. A Network Specialty Pharmacy provides specialty drugs by mail or upon member request, at an associated retail store for pickup.

Note: This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the Federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan while you maintain this

coverage. However, you should be aware that if you have a subsequent break in this coverage of 63 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you could be subject to a late enrollment penalty in addition to your Part D premium.

Important Prescription Drug Information

You can find details about your drug coverage three ways:

1. Check your *Evidence of Coverage*.
2. Go to **blueshieldca.com** and log onto My Health Plan from the home page.
3. Call Member Services at the number listed on your Blue Shield member ID card.

At Blue Shield of California, we're dedicated to providing you with valuable resources for managing your drug coverage. Go online to the *Pharmacy* section of **blueshieldca.com** and select the *Drug Database and Formulary* to access a variety of useful drug information that can affect your out-of-pocket expenses, such as:

- Look up non-formulary drugs with formulary or generic equivalents;
- Look up drugs that require step therapy or prior authorization;
- Find specifics about your prescription copayments;
- Find local network pharmacies to fill your prescriptions.

TIPS!

Using the convenient mail service pharmacy can save you time and money. If you take a consistent dose of a covered maintenance drug for a chronic condition, such as diabetes or high blood pressure, you can receive up to a 90-day supply through the mail service pharmacy with a reduced copayment. Call the mail service pharmacy at (866) 346-7200. Members using TTY equipment can call TTY/TDD 866-346-7197.

Plan designs may be modified to ensure compliance with state and Federal requirements.

A20297 (1/16) VR081915

City of San Jose

Chiropractic and Acupuncture Benefits

Additional coverage for your HMO Plans

Blue Shield Chiropractic and Acupuncture Care coverage lets you self-refer to a network of more than 4,000 licensed chiropractors and more than 2,500 licensed acupuncturists. Benefits are provided through a contract with American Specialty Health Plans of California, Inc. (ASH Plans).

How the Program Works

You can visit any participating chiropractors or acupuncturists in California from the ASH Plans network *without* a referral from your HMO Personal Physician. Simply call a participating provider to schedule an initial exam.

At the time of your first visit, you'll present your Blue Shield identification card and pay only your copayment. Because participating chiropractors and acupuncturists bill ASH Plans directly, you'll never have to file claim forms.

If you need further treatment, the participating chiropractor or acupuncturist will submit a proposed treatment plan to ASH Plans and obtain the necessary authorization from ASH Plans to continue treatment up to the calendar year maximum of 30 combined visits.

What's Covered

The plan covers medically necessary chiropractic and acupuncture services including:

- Initial and subsequent examinations
- Office visits and adjustments (subject to annual limits)
- Adjunctive therapies
- X-rays (chiropractic only)

Benefit Plan Design

Calendar year Maximum	30 Combined Visits
Calendar year Deductible	None
Calendar year Chiropractic Appliances Benefit ^{1,2}	\$50
Covered Services	Member Copayment
Acupuncture Services	\$10 per visit
Chiropractic Services	\$10 per visit
Out-of-network Coverage	None

1. Chiropractic appliances are covered up to a maximum of \$50 in a calendar year as authorized by ASH Plans.
2. As authorized by ASH Plans, this allowance is applied toward the purchase of items determined necessary, such as supports, collars, pillows, heel lifts, ice packs, cushions, orthotics, rib belts and home traction units.

Friendly Customer Service

Helpful ASH Plans Member Services representatives are available at (800) 678-9133 Monday through Friday from 6 a.m. to 5 p.m. to answer questions, assist with problems, or help locate a participating chiropractor or acupuncturist.

This document is only a summary for informational purposes. It is not a contract. Please refer to the *Evidence of Coverage* and the Group Health Service Agreement for the exact terms and conditions of coverage.

City of San Jose

SaveNet Facility Coinsurance 45-50%

Benefit Summary (For groups of 300 and above)

(Uniform Health Plan Benefits and Coverage Matrix)

Blue Shield of California

Effective: January 1, 2016

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Highlights: A description of the prescription drug coverage is provided separately

This plan has a special network including a limited number of Physicians, Independent Practice Associations (IPAs) and Medical Groups and a limited Service Area which includes only certain counties and cities as described in the Evidence of Coverage and Access+ HMO Comparison. You must live and/or work in this limited Service Area in order to enroll in this Plan

Calendar Year Facility Deductible	None
Calendar Year Out-of-Pocket Maximum	\$3,500 per individual / \$7,000 per family
Lifetime Benefit Maximum	None
Covered Services	Member Copayment
OUTPATIENT PROFESSIONAL SERVICES	
Professional (Physician) Benefits	
Physician and specialist office visits (note: a woman may self-refer to an OB/GYN or family practice physician in her personal physician's medical group or IPA for OB/GYN services)	\$45 per visit
Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services	No Charge
Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine)	No Charge
Allergy Testing and Treatment Benefits	
Allergy testing, treatment and serum injections (separate office visit copayment may apply)	No Charge
Access+ SpecialistSM Benefits¹	
Office visit, examination or other consultation (self-referred office visits and consultations only)	\$50 per visit
Preventive Health Benefits	
Preventive health services (as required by applicable Federal and California law)	No Charge
OUTPATIENT FACILITY SERVICES	
Outpatient surgery performed at a free-standing ambulatory surgery center	50%
Outpatient surgery performed in a hospital or a hospital affiliated ambulatory surgery center	50%
Outpatient services for treatment of illness or injury and necessary supplies (except as described under "Rehabilitation Benefits" and "Speech Therapy Benefits")	No Charge
Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services	No Charge
Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine)	No Charge
HOSPITALIZATION SERVICES	
Hospital Benefits (Facility Services)	
Inpatient physician services	No Charge
Inpatient non-emergency facility services (semi-private room and board, and medically necessary services and supplies, including subacute care)	50%

INPATIENT SKILLED NURSING BENEFITS^{2,3} (combined maximum of up to 100 days per benefit period; prior authorization is required; semi-private accommodations)	
Free-standing skilled nursing facility	50%
Skilled nursing unit of a hospital	50%
EMERGENCY HEALTH COVERAGE	
Emergency room services not resulting in admission (copayment does not apply if the member is directly admitted to the hospital for inpatient services)	\$200 per visit
Emergency room physician services	No Charge
AMBULANCE SERVICES	
Emergency or authorized transport (ground or air)	\$100
PRESCRIPTION DRUG COVERAGE	
Outpatient Prescription Drug Benefits A description of your outpatient prescription drug coverage is provided separately. If you do not have the separate drug summary that goes with this benefit summary, please contact your benefits administrator or call the Member Services number on your identification card.	
PROSTHETICS/ORTHOTICS	
Prosthetic equipment and devices (separate office visit copayment may apply)	No Charge
Orthotic equipment and devices (separate office visit copayment may apply)	No Charge
DURABLE MEDICAL EQUIPMENT	
Breast pump	No Charge
Other durable medical equipment (member share is based upon allowed charges)	50%
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES^{4, 5}	
Inpatient hospital services	50%
Residential care	50%
Inpatient physician services	No Charge
Routine outpatient mental health and substance abuse services (includes professional/physician visits)	\$45 per visit
Non-routine outpatient mental health and substance abuse services (includes behavioral health treatment, electroconvulsive therapy, intensive outpatient programs, office-based opioid treatment, partial hospitalization programs, psychological testing and transcranial magnetic stimulation)	No Charge
HOME HEALTH SERVICES	
Home health care agency services ² (up to 100 visits per calendar year)	\$45 per visit
Home infusion/home injectable therapy and infusion nursing visits provided by a home infusion agency	No Charge
HOSPICE PROGRAM BENEFITS	
Routine home care	No Charge
Inpatient respite care	No Charge
24-hour continuous home care	No Charge
Short-term inpatient care for pain and symptom management	No Charge
PREGNANCY AND MATERNITY CARE BENEFITS	
Prenatal and postnatal physician office visits (when billed as part of global maternity fee including hospital inpatient delivery services)	\$45 per visit
Abortion services (an additional facility copayment may apply when services are rendered in a hospital or outpatient surgery center)	No Charge
FAMILY PLANNING AND INFERTILITY BENEFITS	
Counseling and consulting (Includes insertion of IUD, as well as injectable and implantable contraceptives for women)	No Charge
Infertility services (member cost share is based upon allowed charges) (diagnosis and treatment of cause of infertility. Excludes in vitro fertilization, injectables for infertility, artificial insemination and GIFT)	50%
Tubal ligation	No Charge
Vasectomy (an additional facility copayment may apply when services are rendered in a hospital or outpatient surgery center)	No Charge
REHABILITATION AND HABILITATION BENEFITS (Physical, Occupational and Respiratory Therapy)	
Office location (an additional facility copayment may apply when services are rendered in a hospital or skilled nursing facility)	\$45 per visit

SPEECH THERAPY BENEFITS	
Office location (an additional facility copayment may apply when services are rendered in a hospital or skilled nursing facility)	\$45 per visit
DIABETES CARE BENEFITS	
Devices, equipment, and non-testing supplies (member share is based upon allowed charges; for testing supplies see Outpatient Prescription Drug Benefits)	50%
Diabetes self-management training	\$45 per visit
URGENT CARE BENEFITS	
Urgent care services outside your personal physician service area within California	\$45 per visit
Urgent care services outside of California (BlueCard® Program)	\$45 per visit
OPTIONAL BENEFITS	
Optional dental, vision, hearing aid, infertility, chiropractic or acupuncture benefits are available. If your employer purchased any of these benefits, a description of the benefit is provided separately.	

- ¹ To use this option, members must select a personal physician who is affiliated with a medical group or IPA that is an Access+ provider group, which offers the Access+ Specialist feature. Members should then select a specialist within that medical group or IPA.
- ² For Plans with a facility deductible amount, services with a day or visit limit accrue to the calendar year day or visit limit maximum regardless of whether the plan deductible has been met.
- ³ Inpatient skilled nursing services are limited to 100 preauthorized days during a benefit period except when received through a hospice program provided by a participating hospice agency. This 100 preauthorized day maximum on inpatient skilled nursing services is a combined maximum between skilled nursing services provided in a hospital unit and skilled nursing services provided in a skilled nursing facility (SNF).
- ⁴ Mental Health and Substance Abuse services are accessed through Blue Shield's Mental Health Service Administrator (MHSA) using MHSA participating providers.
- ⁵ Inpatient services for acute detoxification are covered under the medical benefit; see the Hospital Benefits (Facility Services) section of the Evidence of Coverage for benefit details. Services for acute medical detoxification are accessed through Blue Shield using Blue Shield participating providers.

Plan designs may be modified to ensure compliance with state and federal requirements.

A44718 (1/16) VR082015; VR092315

This plan is pending regulatory approval.

City of San Jose Custom Access+ HMO RX Plan

Outpatient Prescription Drug Coverage
(For groups of 300 and above)

Blue Shield of California

THIS DRUG COVERAGE SUMMARY IS ADDED TO BE COMBINED WITH THE HMO OR POS PLANS UNIFORM HEALTH PLAN BENEFITS AND COVERAGE MATRIX. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Highlight: 3-Tier/Incentive Formulary
\$250 Calendar Year Brand Drug Deductible
\$15 Formulary Generic/\$30 Formulary Brand/50% \$45 min \$100 max Non-Formulary Brand Drug - Retail Pharmacy
\$30 Formulary Generic/\$60 Formulary Brand/50% \$90 min \$200 max Non-Formulary Brand Drug - Mail Service

Covered Services	Member Copayment
DEDUCTIBLES (Prescription drug coverage benefits are not subject to the medical plan deductible.)	
Calendar Year Brand Drug Deductible applies to covered brand and specialty drugs.	\$250 per member per calendar year
PRESCRIPTION DRUG COVERAGE ^{1,2}	Participating Pharmacy
Retail Prescriptions (up to a 30-day supply)	
• Contraceptive Drugs and Devices ³	\$0 per prescription
• Formulary Generic Drugs	\$15 per prescription
• Formulary Brand Drugs ^{4, 5}	\$30 per prescription
• Non-Formulary Brand Drugs ^{4, 5}	50% \$45 min \$100 max
Mail Service Prescriptions (up to a 90-day supply)	
• Contraceptive Drugs and Devices ³	\$0 per prescription
• Formulary Generic Drugs	\$30 per prescription
• Formulary Brand Drugs ^{4, 5}	\$60 per prescription
• Non-Formulary Brand Drugs ^{4, 5}	50% \$90 min \$200 max
Specialty Pharmacies (up to a 30-day supply) ⁶	
• Specialty Drugs ⁷	20% (Up to \$100 copayment maximum per prescription)

- 1 Amounts paid through copayments and any applicable brand drug deductible accrues to the member's medical calendar year out-of-pocket maximum. Please refer to the Evidence of Coverage and Plan Contract for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit, if applicable, from the previous plan during the calendar year will not carry forward to your new plan.
- 2 Drugs obtained at a non-participating pharmacy are not covered, unless Medically Necessary for a covered emergency.
- 3 Contraceptive Drugs and Devices covered under the outpatient prescription drug benefits will not be subject to the applicable calendar year brand drug deductible. If a brand contraceptive is requested when a generic equivalent is available, the member will be responsible for paying the difference between the cost to Blue Shield for the brand contraceptive and its generic drug equivalent. In addition, select contraceptives may need prior authorization to be covered without a copayment.
- 4 Select formulary and non-formulary drugs require prior authorization by Blue Shield for Medical Necessity, or when effective, lower cost alternatives are available.
- 5 If the member requests a brand drug and a generic drug equivalent is available, the member is responsible for paying the generic drug copayment plus the difference in cost to Blue Shield between the brand drug and its generic drug equivalent.
- 6 Specialty Drugs are Drugs requiring coordination of care, close monitoring, or extensive patient training that generally cannot be met by a retail pharmacy and are available at a Network Specialty Pharmacy. Specialty Drugs may also require special handling or manufacturing processes, restriction to certain Physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty Drugs are generally high cost.
- 7 Specialty drugs are available from a Network Specialty Pharmacy. A Network Specialty Pharmacy provides specialty drugs by mail or upon member request, at an associated retail store for pickup.

Note: This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the Federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan while you maintain this

coverage. However, you should be aware that if you have a subsequent break in this coverage of 63 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you could be subject to a late enrollment penalty in addition to your Part D premium.

Important Prescription Drug Information

You can find details about your drug coverage three ways:

1. Check your *Evidence of Coverage*.
2. Go to **blueshieldca.com** and log onto My Health Plan from the home page.
3. Call Member Services at the number listed on your Blue Shield member ID card.

At Blue Shield of California, we're dedicated to providing you with valuable resources for managing your drug coverage. Go online to the *Pharmacy* section of **blueshieldca.com** and select the *Drug Database and Formulary* to access a variety of useful drug information that can affect your out-of-pocket expenses, such as:

- Look up non-formulary drugs with formulary or generic equivalents;
- Look up drugs that require step therapy or prior authorization;
- Find specifics about your prescription copayments;
- Find local network pharmacies to fill your prescriptions.

TIPS!

Using the convenient mail service pharmacy can save you time and money. If you take a consistent dose of a covered maintenance drug for a chronic condition, such as diabetes or high blood pressure, you can receive up to a 90-day supply through the mail service pharmacy with a reduced copayment. Call the mail service pharmacy at (866) 346-7200. Members using TTY equipment can call TTY/TDD 866-346-7197.

Plan designs may be modified to ensure compliance with state and Federal requirements.

A20297 (1/16) VR081915

City of San Jose

Chiropractic and Acupuncture Benefits

Additional coverage for your HMO Plans

Blue Shield Chiropractic and Acupuncture Care coverage lets you self-refer to a network of more than 4,000 licensed chiropractors and more than 2,500 licensed acupuncturists. Benefits are provided through a contract with American Specialty Health Plans of California, Inc. (ASH Plans).

How the Program Works

You can visit any participating chiropractors or acupuncturists in California from the ASH Plans network *without* a referral from your HMO Personal Physician. Simply call a participating provider to schedule an initial exam.

At the time of your first visit, you'll present your Blue Shield identification card and pay only your copayment. Because participating chiropractors and acupuncturists bill ASH Plans directly, you'll never have to file claim forms.

If you need further treatment, the participating chiropractor or acupuncturist will submit a proposed treatment plan to ASH Plans and obtain the necessary authorization from ASH Plans to continue treatment up to the calendar year maximum of 30 combined visits.

What's Covered

The plan covers medically necessary chiropractic and acupuncture services including:

- Initial and subsequent examinations
- Office visits and adjustments (subject to annual limits)
- Adjunctive therapies
- X-rays (chiropractic only)

Benefit Plan Design

Calendar year Maximum	30 Combined Visits
Calendar year Deductible	None
Calendar year Chiropractic Appliances Benefit ^{1,2}	\$50
Covered Services	Member Copayment
Acupuncture Services	\$10 per visit
Chiropractic Services	\$10 per visit
Out-of-network Coverage	None

1. Chiropractic appliances are covered up to a maximum of \$50 in a calendar year as authorized by ASH Plans.
2. As authorized by ASH Plans, this allowance is applied toward the purchase of items determined necessary, such as supports, collars, pillows, heel lifts, ice packs, cushions, orthotics, rib belts and home traction units.

Friendly Customer Service

Helpful ASH Plans Member Services representatives are available at (800) 678-9133 Monday through Friday from 6 a.m. to 5 p.m. to answer questions, assist with problems, or help locate a participating chiropractor or acupuncturist.

This document is only a summary for informational purposes. It is not a contract. Please refer to the *Evidence of Coverage* and the Group Health Service Agreement for the exact terms and conditions of coverage.

City of San Jose

Active Employees and Early Retirees

Custom PPO 100 90/70

Benefit Summary (For groups of 300 and above)
(Uniform Health Plan Benefits and Coverage Matrix)

Blue Shield of California

Effective: January 1, 2016

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Highlights: A description of the prescription drug coverage is provided separately

	Participating Providers ¹	Non-Participating Providers ²
Calendar Year Medical Deductible (all providers combined)	\$100 per individual / \$200 per family	
Calendar Year Out-of-Pocket Maximum (includes the calendar year medical deductible. copayments or coinsurance for covered services from all providers accrue toward the calendar year out-of-pocket maximum amount)	\$2,100 per individual / \$4,200 per family	
Lifetime Benefit Maximum	None	
Covered Services	Member Copayment	
OUTPATIENT PROFESSIONAL SERVICES	Participating Providers ¹	Non-Participating Providers ²
Professional (Physician) Benefits		
Physician and specialist office visits	\$25 per visit (not subject to the calendar year medical deductible)	30%
Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services	10%	30%
Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine)	10%	30%
Allergy Testing and Treatment Benefits		
Allergy testing, treatment and serum injections (separate office visit copayment may apply)	\$25 per visit	30%
Preventive Health Benefits¹¹		
Preventive health services (as required by applicable Federal and California law)	No Charge (not subject to the calendar year medical deductible)	Not Covered
OUTPATIENT FACILITY SERVICES		
Outpatient surgery performed at a free-standing ambulatory surgery center	\$50 per surgery + 10%	30% ³
Outpatient surgery performed in a hospital or a hospital affiliated ambulatory surgery center	\$100 per surgery + 10%	30% ³
Outpatient services for treatment of illness or injury and necessary supplies (except as described under "Rehabilitation Benefits" and "Speech Therapy Benefits")	10%	30% up to \$350 per day ³
Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services	10%	30% ³
Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine)	10%	30% up to \$350 per day ³
Bariatric surgery ⁴ (prior authorization is required; medically necessary surgery for weight loss, for morbid obesity only)	\$100 per surgery + 10%	30% up to \$350 per day ³

HOSPITALIZATION SERVICES		
Hospital Benefits (Facility Services)		
Inpatient physician services	10%	30%
Inpatient non-emergency facility services (semi-private room and board, and medically necessary services and supplies, including subacute care)	\$100 per admission + 10%	30% ⁵
Bariatric surgery ⁴ (prior authorization is required; medically necessary surgery for weight loss, for morbid obesity only)	\$100 per admission + 10%	30% up to \$600 per day ⁵
Inpatient Skilled Nursing Benefits^{6,7} (combined maximum of up to 100 days per benefit period; prior authorization is required; semi-private accommodations)		
Free-standing skilled nursing facility	10%	10% ⁷
Skilled nursing unit of a hospital	10%	30% ⁵
EMERGENCY HEALTH COVERAGE		
Emergency room services not resulting in admission (copayment does not apply if the member is directly admitted to the hospital for inpatient services)	\$100 per visit (not subject to the calendar year medical deductible)	\$100 per visit (not subject to the calendar year medical deductible)
Emergency room services resulting in admission (when the member is admitted directly from the ER)	\$100 per admission + 10%	\$100 per admission + 10%
Emergency room physician services	10%	10%
AMBULANCE SERVICES		
Emergency or authorized transport (ground or air)	10%	10%
PRESCRIPTION DRUG COVERAGE		
Outpatient Prescription Drug Benefits A description of your outpatient prescription drug coverage is provided separately. If you do not have the separate drug summary that goes with this benefit summary, please contact your benefits administrator or call the Customer Service number on your identification card.		
PROSTHETICS/ORTHOTICS		
Prosthetic equipment and devices (separate office visit copayment may apply)	10%	30%
Orthotic equipment and devices (separate office visit copayment may apply)	10%	30%
DURABLE MEDICAL EQUIPMENT		
Breast pump	No Charge (not subject to the calendar year medical deductible)	Not Covered
Other durable medical equipment	10%	30%
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES^{8,9}		
	MHSA Participating Providers¹	MHSA Non-Participating Providers²
Inpatient hospital services	\$100 per admission + 10%	30% ⁵
Residential care	\$100 per admission + 10%	30% ⁵
Inpatient physician services	No Charge	30%
Routine outpatient mental health and substance abuse services (includes professional/physician visits)	\$25 per visit (not subject to the calendar year medical deductible)	30%
Non-routine outpatient mental health and substance abuse services (includes behavioral health treatment, electroconvulsive therapy, intensive outpatient programs, office-based opioid treatment, partial hospitalization program, psychological testing and transcranial magnetic stimulation)	10%	30%
HOME HEALTH SERVICES¹⁰		
	Participating Providers¹	Non-Participating Providers²
Home health care agency services ⁶ (up to 100 prior authorized visits per calendar year)	10%	Not Covered ¹⁰
Home infusion/home injectable therapy and infusion nursing visits provided by a home infusion agency	10%	Not Covered ¹⁰

HOSPICE PROGRAM BENEFITS¹⁰		
Routine home care	No Charge (not subject to the calendar year medical deductible)	Not Covered ¹⁰
Inpatient respite care	No Charge (not subject to the calendar year medical deductible)	Not Covered ¹⁰
24-hour continuous home care	No Charge (not subject to the calendar year medical deductible)	Not Covered ¹⁰
Short-term inpatient care for pain and symptom management	No Charge (not subject to the calendar year medical deductible)	Not Covered ¹⁰
CHIROPRACTIC BENEFITS⁵		
Chiropractic spinal manipulation (up to 20 visits per calendar year)	10%	30%
ACUPUNCTURE BENEFITS⁵		
Acupuncture services (up to 20 visits per calendar year)	10%	10%
REHABILITATION AND HABILITATION BENEFITS (Physical, Occupational and Respiratory Therapy)		
Office location (an additional facility copayment may apply when services are rendered in a hospital or skilled nursing facility)	10%	30%
SPEECH THERAPY BENEFITS		
Office location (an additional facility copayment may apply when services are rendered in a hospital or skilled nursing facility)	10%	10%
PREGNANCY AND MATERNITY CARE BENEFITS		
Prenatal and postnatal physician office visits (when billed as part of global maternity fee including hospital inpatient delivery services)	10%	30%
Abortion services (an additional facility copayment may apply when services are rendered in a hospital or outpatient surgery center)	10%	30%
FAMILY PLANNING BENEFITS		
Counseling and consulting (includes insertion of IUD, as well as injectable and implantable contraceptives for women)	No Charge (not subject to the calendar year medical deductible)	Not Covered
Tubal ligation (an additional facility copayment may apply when services are rendered in a hospital or skilled nursing facility)	No Charge (not subject to the calendar year medical deductible)	Not Covered
Vasectomy (an additional facility copayment may apply when services are rendered in a hospital or outpatient surgery center)	10%	Not Covered
DIABETES CARE BENEFITS		
Devices, equipment, and non-testing supplies (for testing supplies see Outpatient Prescription Drug Benefits)	10%	30%
Diabetes self-management training	\$25 per visit (not subject to the calendar year medical deductible)	30%

CARE OUTSIDE OF PLAN SERVICE AREA		
Benefits provided through the BlueCard® Program are paid at the participating level. Member's cost share will be either a copayment or coinsurance based on the lower of billed charges or the negotiated allowable amount for participating providers as agreed upon with the local Blue's Plan.		
Within US: BlueCard Program	See Applicable Benefit	See Applicable Benefit
Outside of US: BlueCard Worldwide	See Applicable Benefit	See Applicable Benefit

OPTIONAL BENEFITS		
Optional dental, vision, infertility and hearing aid benefits are available. If your employer purchased any of these benefits, a description of the benefit is provided separately.		

- 1 Unless otherwise specified, copayments/coinsurance are calculated based on allowable amounts. After the calendar year medical deductible is met, the member is responsible for copayments/coinsurance for covered services from participating providers. Participating providers agree to accept Blue Shield's allowable amount plus any applicable member copayment or coinsurance as full payment for covered services.
- 2 Non-participating providers can charge more than Blue Shield's allowable amounts. When members use non-participating providers, they must pay the applicable deductibles, copayments or coinsurance plus any amount that exceeds Blue Shield's allowable amount. Charges above the allowable amount do not count toward the calendar year deductible or out-of-pocket maximum.
- 3 The maximum allowed charges for non-emergency surgery and services performed in a non-participating ambulatory surgery center or outpatient unit of a non-participating hospital is \$350 per day. Members are responsible for 30% of this \$350 per day, and all charges in excess of \$350 per day. Amounts that exceed the benefit maximums do not count toward the calendar year out-of-pocket maximum and continue to be the member's financial responsibility after the calendar year maximums are reached.
- 4 Bariatric surgery is covered when prior authorized by Blue Shield; however, for members residing in Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura Counties ("Designated Counties"), bariatric surgery services are covered only when performed at designated contracting bariatric surgery facilities and by designated contracting surgeons; coverage is not available for bariatric services from any other participating provider and there is no coverage for bariatric services from non-participating providers. In addition, if prior authorized by Blue Shield, a member in a Designated County who is required to travel more than 50 miles to a designated bariatric surgery facility will be eligible for limited reimbursement for specified travel expenses for the member and one companion. Refer to the Evidence of Coverage for further details.
- 5 The maximum allowed charges for non-emergency hospital services received from a non-participating hospital is \$600 per day. Members are responsible for 30% of this \$600 per day, and all charges in excess of \$600 per day. Amounts that exceed the benefit maximum do not count toward the calendar year out-of-pocket maximum.

and continue to be the member's responsibility after the calendar year maximums are reached.

- 6 For plans with a calendar year medical deductible amount, services with a day or visit limit accrue to the calendar year day or visit limit maximum regardless of whether the calendar year medical deductible has been met.
- 7 Services may require prior authorization. When services are prior authorized, members pay the participating provider amount.
- 8 Mental health and substance abuse services are accessed through Blue Shield's Mental Health Service Administrator (MHSA) - using MHSA participating and MHSA non-participating providers. Only mental health and substance abuse services rendered by MHSA participating providers are administered by the MHSA. Mental health and substance abuse services rendered by non-MHSA participating providers are administered by Blue Shield.
- 9 Inpatient services for acute detoxification are covered under the medical benefit; see the Hospital Benefits (Facility Services) section of the Evidence of Coverage for benefit details. Services for acute medical detoxification are accessed through Blue Shield using Blue Shield's participating providers or non-participating providers.
- 10 Services from non-participating providers for home health care and hospice services are not covered unless prior authorized. When these services are prior authorized, the member's copayment or coinsurance will be calculated at the participating provider level, based upon the agreed upon rate between Blue Shield and the agency.
- 11 Preventive Health Services, including an annual preventive care or well-baby care office visit, are not subject to the calendar year medical deductible. Other covered non-preventive services received during, or in connection with, the preventive care or well-baby care office visit are subject to the calendar year medical deductible and applicable member copayment/coinsurance

Plan designs may be modified to ensure compliance with state and Federal requirements.

A16208 (1/16) VR082015; VR082415

This plan is pending regulatory approval.

City of San Jose
Active Employees and Early Retirees
Custom PPO RX Plan

Select Tier Outpatient Prescription Drug
Coverage

(For groups of 300 and above)

Blue Shield of California

Highlight: 5-Tier/Incentive Formulary

\$0 Calendar year Brand Drug Deductible

\$0 Select Generic/\$10 Select Brand/\$10 Formulary Generic/\$25 Formulary Brand/\$40 Non-Formulary Brand Drug -
Retail Pharmacy

\$0 Select Generic/\$20 Select Brand/\$20 Formulary Generic/\$50 Formulary Brand/\$80 Non-Formulary Brand Drug -
Mail Service

**THIS DRUG COVERAGE SUMMARY IS ADDED TO BE
COMBINED WITH PPO PLANS UNIFORM HEALTH
PLAN BENEFITS AND COVERAGE MATRIX. THE
EVIDENCE OF COVERAGE AND PLAN CONTRACT
SHOULD BE CONSULTED FOR A DETAILED
DESCRIPTION OF COVERAGE BENEFITS AND
LIMITATIONS.**

Covered Services		Member Copayment
DEDUCTIBLES (Prescription drug coverage benefits are not subject to the medical plan deductible.)		
Calendar Year Brand Drug Deductible		None
PRESCRIPTION DRUG COVERAGE¹	Participating Pharmacy	Non-Participating Pharmacy^{7,8}
		Member pays 25% of billed amount plus a copayment of:
Retail Prescriptions (up to a 30-day supply)		
• Contraceptive Drugs and Devices ²	\$0 per prescription	Applicable Generic, Brand or Non-Formulary Copayment ⁹
• Select Generic Drugs ¹⁰	\$0 per prescription	\$0 per prescription
• Select Brand Drugs ¹⁰	\$10 per prescription	\$10 per prescription
• Formulary Generic Drugs	\$10 per prescription	\$10 per prescription
• Formulary Brand Drugs ^{3, 4}	\$25 per prescription	\$25 per prescription
• Non-Formulary Brand Drugs ^{3, 4}	\$40 per prescription	\$40 per prescription
Mail Service Prescriptions (up to a 90-day supply)		
• Contraceptive Drugs and Devices ²	\$0 per prescription	Not Covered
• Select Generic Drugs ¹⁰	\$0 per prescription	Not Covered
• Select Brand Drugs ¹⁰	\$20 per prescription	Not Covered
• Formulary Generic Drugs	\$20 per prescription	Not Covered
• Formulary Brand Drugs ^{3, 4}	\$50 per prescription	Not Covered
• Non-Formulary Brand Drugs ^{3, 4}	\$80 per prescription	Not Covered
Specialty Pharmacies (up to a 30-day supply) ⁵		
• Specialty Drugs ⁶	10% (Up to \$100 copayment maximum per prescription)	Not Covered

1 Amounts paid through copayments and any applicable brand drug deductible accrues to the member's medical calendar year out-of-pocket maximum. Please refer to the Evidence of Coverage and Plan Contract for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit, if applicable, from the previous plan during the calendar year will not carry forward to your new plan.

2 Contraceptive Drugs and Devices covered under the outpatient prescription drug benefits will not be subject to the applicable calendar year brand drug deductible when obtained from a participating pharmacy. If a brand contraceptive is requested when a generic equivalent is available, the member will be responsible for paying the difference between the cost to Blue Shield for the brand contraceptive and its generic drug equivalent. In addition, select contraceptives may need prior authorization to be covered without a copayment.

3 Select formulary and non-formulary drugs require prior authorization by Blue Shield for Medical Necessity, or when effective, lower cost alternatives are available.

4 If the member requests a brand drug and a generic drug equivalent is available, the member is responsible for paying the generic drug copayment plus the difference in cost to Blue

Shield between the brand drug and its generic drug equivalent.

- 5 Specialty Drugs are Drugs requiring coordination of care, close monitoring, or extensive patient training that generally cannot be met by a retail pharmacy and are available at a Network Specialty Pharmacy. Specialty Drugs may also require special handling or manufacturing processes, restriction to certain Physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty Drugs are generally high cost.
- 6 Specialty drugs are available from a Network Specialty Pharmacy. A Network Specialty Pharmacy provides specialty drugs by mail or upon member request, at an associated retail store for pickup.
- 7 To obtain prescription drugs at a non-participating pharmacy, the member must first pay all charges for the prescription and submit a completed Prescription Drug Claim Form for reimbursement. The member will be reimbursed the price paid for the drug less any applicable deductible, copayment or coinsurance (Generic, Formulary Brand, or Non-Formulary Brand) and any applicable out of network charge.
- 8 Outpatient prescription drug copayments for covered drugs obtained from non-participating pharmacies will accrue to the participating provider maximum calendar year out-of-pocket maximum.
- 9 To obtain contraceptive drugs and devices at a non-participating pharmacy, the member must first pay all charges for the prescription and submit a completed Prescription Drug Claim Form for reimbursement. The member will be reimbursed the price paid for the drug less any applicable deductible, copayment or coinsurance (Generic, Formulary Brand, or Non-Formulary Brand) and any applicable out of network charge.
- 10 Select drugs for the treatment of asthma and diabetes. For additional details, please refer to the printed formulary (under Respiratory, asthma inhalants, asthma orals, Endocrine or diabetes) and the EOC & D Booklet. This benefit does not apply to Medicare members enrolled in the Part D drug program.

Note: This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the Federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan while you maintain this coverage. However, you should be aware that if you have a subsequent break in this coverage of 63 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you could be subject to a late enrollment penalty in addition to your Part D premium.

Important Prescription Drug Information

You can find details about your drug coverage three ways:

1. Check your *Evidence of Coverage*.
2. Go to **blueshieldca.com** and log onto My Health Plan from the home page.
3. Call Member Services at the number listed on your Blue Shield member ID card.

At Blue Shield of California, we're dedicated to providing you with valuable resources for managing your drug coverage. Go online to the *Pharmacy* section of **blueshieldca.com** and select the *Drug Database and Formulary* to access a variety of useful drug information that can affect your out-of-pocket expenses, such as:

- Look up non-formulary drugs with formulary or generic equivalents;
- Look up drugs that require step therapy or prior authorization;
- Find specifics about your prescription copayments;
- Find local network pharmacies to fill your prescriptions.

TIPS!

Using the convenient mail service pharmacy can save you time and money. If you take a consistent dose of a covered maintenance drug for a chronic condition, such as diabetes or high blood pressure, you can receive up to a 90-day supply through the mail service pharmacy with a reduced copayment. Call the mail service pharmacy at (866) 346-7200. Members using TTY equipment can call TTY/TDD 866-346-7197.

Plan designs may be modified to ensure compliance with state and Federal requirements.

A16154-d (1/16) VR081915; VR092115

Notes

[illegible]

Glossary

Not sure what it means?

Use this glossary as a handy reference to some common health benefit terms.

Brand-name drugs: FDA-approved drugs under patent to the original manufacturer and available only under the original manufacturer's branded name.

Calendar year: A period beginning at 12:01 a.m. on January 1 and ending at 12:01 a.m. of the next year.

Claim: A notification to your health plan that a service has been provided and payment is requested.

Coinsurance: A percentage of the cost for covered services that a member pays under the health plan after the deductible has been met.

Copayment: The dollar amount that a member is required to pay for certain benefits. Also called a "copay."

Emergency services: Services for an unexpected medical condition, including a psychiatric emergency medical condition, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a layperson who possesses an average knowledge of health and medicine could reasonably assume that the absence of immediate medical attention could be expected to result in any of the following: placing the member's health in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

Formulary: A comprehensive list of drugs maintained by Blue Shield's Pharmacy and Therapeutics Committee for use under the Blue Shield Prescription Drug Program, which is designed to assist physicians in prescribing drugs that are medically necessary and cost effective. The formulary is updated periodically. If not otherwise excluded, the formulary includes all generic drugs.

Generic drugs: Drugs that (1) are approved by the FDA as a therapeutic equivalent to the brand-name drug, (2) contain the same active ingredient as the brand-name drug, and (3) cost less than the brand-name drug equivalent.

Inpatient: An individual who has been admitted to a hospital as a registered bed patient, and is receiving services under the direction of a physician.

Non-formulary drugs: Drugs determined by the health plan as being duplicative or as having preferred formulary drug alternatives available. Benefits may be provided for non-formulary drugs and are always subject to the non-formulary copayment.

Outpatient: An individual receiving services but not as an inpatient.

Out-of-pocket maximum: Your maximum copayment responsibility each calendar year for covered services. However, copayments for a very small number of covered services do not apply to the annual out-of-pocket maximum, and you continue to be responsible for copayments for those services when the out-of-pocket maximum is reached.

Personal Physician (also known as a primary care physician): A general practitioner, family practitioner, internist, obstetrician/gynecologist, or pediatrician who has contracted with the plan as a Personal Physician to provide primary care to members and to refer, authorize, supervise, and coordinate the provision of all benefits to members in accordance with the agreement.

Preventive care: Medical services provided by a physician for the early detection of disease when no symptoms are present and for routine physical examinations, usually limited to one visit per calendar year for members age 18 and over.

Services: Includes medically necessary healthcare services and medically necessary supplies furnished incident to those services.

Language Assistance

Notice on the availability of language assistance services to accompany vital documents issued in English.

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it.

You may also be able to get this letter written in your language. For free help, please call right away at the Member/Customer Service telephone number on the back of your Blue Shield ID card, or (866) 346-7198.

IMPORTANTE: ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda gratuita, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Blue Shield o al (866) 346-7198.

(Spanish)

重要通知： 您能讀懂這封信嗎？ 如果不能，我們可以請人幫您閱讀。

這封信也可以用您所講的語言書寫。 如需幫助，請立即撥打登列在您的Blue Shield ID卡背面上的會員/客戶服務部的電話，或者撥打電話866-346-7198。

(Chinese)

QUAN TRỌNG: Quý vị có thể đọc lá thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận lá thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngay đến Ban Dịch vụ Hội viên/Khách hàng theo số ở mặt sau thẻ ID Blue Shield của quý vị hoặc theo số 866-346-7198.

(Vietnamese)

Wellness discount program endnotes

1 These discount program services are not a covered benefit of Blue Shield of California, and none of the terms or conditions of Blue Shield plans apply.

The networks of practitioners and facilities in the discount programs are managed by the external program administrators identified below, including any screening and credentialing of providers. Blue Shield does not review the services provided by discount program providers for medical necessity or efficacy, nor does Blue Shield make any recommendations, presentations, claims, or guarantees regarding the practitioners, their availability, fees, services, or products.

Some services offered through the discount program may already be included as part of the [Blue Shield or ASO plan name] covered benefits. Members should access those covered services prior to using the discount program.

Members who are not satisfied with products or services received from the discount program may use Blue Shield's grievance process described in the Grievance Process section of the *Evidence of Coverage and Disclosure* (EOC&D). Blue Shield reserves the right to terminate this program at any time without notice.

Discount programs administered by or arranged through the following independent companies:

- **Alternative Care Discount Program** – American Specialty Health Systems, Inc. and American Specialty Health Networks, Inc.
- **Discount Provider Network and MESVisionOptics.com** – MESVision
- **Weight control** – Weight Watchers North America
- **Fitness facilities** – 24 Hour Fitness, ClubSport, and Renaissance ClubSport
- **LASIK** – QualSight, Inc. and NVISION Laser Eye Centers

Note: No genetic information, including family medical history, is gathered, shared, or used from these programs.

- 2 The Discount Provider Network is available throughout California. Coverage in other states may be limited. Find participating providers by going to blueshieldca.com/fap.
- 3 Requires a prescription from your doctor or licensed optical professional.

go with

Go with Blue Shield for a healthier you.

For more information, visit blueshieldca.com, download the Blue Shield of California mobile app through the App StoreSM or Google Play, or call your dedicated Blue Shield Member Services team at (800) 872-3941 from 7 a.m. to 7 p.m., Monday through Friday.



Blue Shield of California is an independent member of the Blue Shield Association A47203-CSJ (10/15)

Member confidentiality

Blue Shield protects the confidentiality and privacy of your personal and health information, including medical information and individually identifiable information such as your name, address, telephone number, and Social Security number. To ensure this, Blue Shield requires a signed authorization form for you to access health information for your spouse or dependents over the age of 18.

To request an authorization form, log in to blueshieldca.com and select *My Health Plan*. Click on *Download Forms* under "Tools" on the right side. Scroll down to "Release of information" and click on *Personal and Health Information Release*. If you don't have access to the Internet, or have questions about how Blue Shield protects your privacy and confidentiality, please call our Privacy Office directly at **(888) 266-8080**.

App Store is a service mark of Apple Inc.

iPhone is a trademark of Apple Inc., registered in the U.S. and other countries.

Blue Shield and the Shield symbol are registered trademarks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.